



## Employee Registration X-Ray Equipment Services

\*\*\*\*\*DEPARTMENT USE ONLY\*\*\*\*\*

Registration Number: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

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### Section I:

### ADMINISTRATIVE INFORMATION

Employee Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Vendor Class: \_\_\_\_\_

**Provide the following information if different from business registration:**

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

### Section II:

### Training, Education, and Experience Requirements Refer to requirements for vendor registration and list qualifications

#### EDUCATION

Degree/Certificate	School(s)	Date

#### TRAINING

Course Description	Date

## EXPERIENCE AND EMPLOYMENT HISTORY

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### Section III:

### CERTIFICATIONS

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### Section IV:

Is "Title B," Rules and Regulations for Radiation Control available to the employee? \_\_\_\_\_.

Has "Title B" been read by the employee? \_\_\_\_\_.

Any changes to this application or employee information must be reported to the Department in writing within thirty (30) days.

Name (print or type): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For additional information :

Telephone (803) 545-4400 or Fax (803) 545-4412

Please return completed forms to:

S.C. DHEC  
Bureau of Radiological Health  
2600 Bull Street  
Columbia, SC 29201

## **EMPLOYEE REGISTRATION X-RAY EQUIPMENT SERVICES**

### **PURPOSE**

This form is for registering individuals who provide services for and to x-ray producing machines. Every employee who provides services for and to x-ray producing machine shall register with the Department.

### **OFFICE MECHANICS AND FILING.**

When registration forms are received, stamp each copy with the date received. One copy of the registration form is placed into the registrant's employer file, and a copy is returned to both the registrant and their employer for their records.

